

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007534

STATE FILE NUMBER

Registration District No. 1093

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>3327 OREGON</b>	
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>PETERS</b> Last		4. DATE OF DEATH Month <b>JAN</b> Day <b>30</b> Year <b>1959</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 26 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		11. BIRTHPLACE (City and state or country) <b>AUSTRIA</b>	
13a. FATHER'S NAME <b>UNKNOWN TEZAK</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH PETERS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>JOSEPH PETERS</b>		Address <b>3327 OREGON</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b> <b>Fracture of left Pelvis.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture of left Pelvis.</b> DUE TO (c) <b>Fracture of left Pelvis.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not included in the term (a) or (b) or (c) in PART I. <b>Accident when struck by auto operated by one</b> <b>Oregon and Arsenal Streets</b> <b>about 725 a.m., December 10th 1958.</b>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>Describe how injury occurred. (Enter name of injured in PART I or PART II in item 18.)</b> <b>Accident when struck by auto operated by one</b> <b>Oregon and Arsenal Streets</b> <b>about 725 a.m., December 10th 1958.</b>			
20c. TIME OF INJURY Hour <b>726</b> a.m. Month, Day, Year <b>12 10 58</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, bldg., etc.) <b>240 Street</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>	
21. I attended the deceased from <b>613A</b> to <b>613A</b> and last saw her alive on <b>613A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Patrick J. Taylor</b> (Degree or title)		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>1.30.59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB 2 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
24. FUNERAL DIRECTOR <b>Thomas Kutis</b> ADDRESS <b>2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 30 '59</b>	
		26. REGISTRAR'S SIGNATURE <b>Carl Smith. M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. L. Santorini

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.